



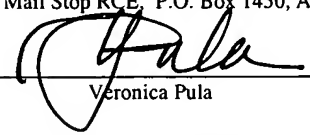
RCE/11-11

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|------------------|--|-------------|------------------|
| Inventor: | Boaz Maor | Examiner: | Olabode Akintola |
| Application No.: | 10/043,566 | Art Unit: | 3691 |
| Filed: | January 10, 2002 | Docket No.: | ARIBP065 |
| Title: | METHOD, APPARATUS, AND SYSTEM FOR ALLOTING AN AWARD VOLUME IN AN AUCTION | | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Mail Stop RCE, Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450 on:

July 3, 2008. 
Veronica Pula

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL
FILED WITH AMENDMENT C**

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. ☐ Previously submitted:

☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

☐ Other _____ 07/11/2008 CNGUYEN2 00000041 10043566

b. ☒ Enclosed:

☒ Amendment/Reply

☐ Affidavit(s)/Declaration(s)

☐ Information Disclosure Statement (IDS)

☐ Other

01 FC:1801
02 FC:1251

810.00 OP
120.00 OP

c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

| | | | | Small Entity | | Large Entity | |
|-------------------------------|-----------|-----|-------|---------------|-----|---------------|------------------|
| | | | | Rate | Fee | Rate | Fee |
| RCE FILING FEE | | | | x \$405 = \$ | | OR | x \$810 = \$ 810 |
| CLAIMS | After RCE | *HP | Extra | | | | |
| Total | 41 | 41 | | x \$25 = \$ | | OR | x \$50 = \$ |
| Independent | 5 | 5 | | x \$105 = \$ | | OR | x \$210 = \$ |
| Multiple Dependent Claims -0- | | | | x \$185 = \$ | | OR | x \$370 = \$ |
| *HP = Highest previously paid | | | | TOTAL FEES \$ | | TOTAL FEES \$ | 810.00 |

2. Miscellaneous:

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months.
- b. ☐ Other _____


3. ☒ Applicant hereby petitions for an extension of time as follows:

| | SMALL ENTITY | | | LARGE ENTITY | |
|---|---------------|-----------|----|---------------|-----------|
| | Rate | Add'l Fee | | Rate | Add'l Fee |
| <input checked="" type="checkbox"/> Extension for Response within FIRST month | x \$60 = \$ | | OR | x \$120 = \$ | 120.00 |
| <input type="checkbox"/> Extension for Response within SECOND month | x \$230 = \$ | | OR | x \$460 = \$ | |
| <input type="checkbox"/> Extension for Response within THIRD month | x \$525 = \$ | | OR | x \$1050 = \$ | |
| <input type="checkbox"/> Extension for Response within FOURTH month | x \$820 = \$ | | OR | x \$1640 = \$ | |
| <input type="checkbox"/> Extension for Response within FIFTH month | x \$1115 = \$ | | OR | x \$2230 = \$ | |

4. ☒ Applicant(s) hereby petition that any additional required extension of time be granted.
5. ☒ Enclosed is our Check No. 3913 in the amount of \$930.00 to cover the RCE Fee required under 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.
6. ☐ Please charge Deposit Account No. 50-0685 (ARIBP065) in the amount of \$_____ to cover the RCE Fee required under 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.
7. ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (ARIBP065).
8. ☐ Applicant Initiated Interview Request Form.
9. ☒ Please continue to send correspondence to the following address:

CUSTOMER NO. 21912
VAN PELT, YI & JAMES LLP
 10050 N. Foothill Blvd., Ste. 200
 Cupertino, CA 95014

Date: 7/2/08


 Robyn Wagner
 Reg. No. 50,575
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